Name in Full James F Abell Abell

Certificate of Death

Died at Town Leonardtown County St Marys MARYLAND

Date 1899 Month 1 Day 14

Age Y. 77 M. 1 D. 15

Native of St Marys Co

Occupation Farmer

Male ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 5

Husband of —

Wife —

Father's Name Enoch B Abell

Mother's Name Maria Abell

Cause of Death: Primary — 72

Immediate Pneumonia

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by Thos Lynch

Address Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full | Certificate of Death

Benjamin Adams

Died at Town: Canoe Neck County: St Marys MARYLAND

Date 1899 Month: Jan. Day: 7 Age Y. 19 M. 10 D. 2 Native of: Md. Occupation: Sailor

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Kenny Adams Mother's Name: Cornelia Adams.

Cause of Death: Primary: Typhoid Fever & Heart disease How long sick about 27 days

Immediate: Heart disease 1 ~~Accident, Suicide, Homicide~~

Reported by: Robt. V. Palmer M.D.

Address: Palmer's St Marys Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65860

Name in Full George Francis Barnes

Certificate of Death

Died at Town Bonne County St Marys Co MARYLAND

Date 1894 Month 1 Day 18 Age Y. 20 M. D. Native of St Marys Co Occupation Oysterman

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name Lucy Barnes

Cause of Death Primary Meningitis La Grippe 9 How long sick 6 days

Immediate Meningitis Accident, Suicide, Homicdie

Reported by R. F. Grunwell

Address St. Marys Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Thos. Bernard

Certificate of Death

Died at Town 2nd district County St. Mary's. MARYLAND

Data 189 9 Month 1 Day 7 Age Y. 9 M. D. Native of Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of Wife

Father's Name Wm. C. Bernard

Mother's Name Martha Ellen Shorter

Cause of Death — Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St. Mary's Beacon 1-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU. 79[illegible]S

Name in Full Thos. B. Briscoe

Certificate of Death

Died at Town Park Hill County St. Mary's. MARYLAND

Date 189 1 Month 1 Day 28 | Age Y. 90 M. 2 D. 15 | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Enterprise 2-4.

Address

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79888

Ebenezer Church.

Pastor Rev. John F. Creek.

Name in Full

Certificate of Death

Laura Carroll

Town County

Died at Mechanicsville, St. Mary's MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1899 Jan. 18 Age 30 St. Mary's Housekeeping

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Frank Carroll

Father's Name Geo. H. Mattingly

Mother's Name Martha Brown

Cause of Death

Primary Confinement 120

Immediate Puerperal Peritonitis

How long sick

~~Accident, Suicide,~~ Homicide

Reported by Zach. R. Morgan

Address Mechanicsville St. Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Paul Mattingly Carroll

Town

Died at Laurel Grove

County

St Marys

MARYLAND

Date 1899 Month Jany. Day 22

Age Y. 5 M. D.

Native of

Occupation

Male / Female

White / Colored

~~Married~~ / ~~Single~~ / ~~Widow~~ / Widower / Divorced / ~~Number of children living~~

Husband / Wife of

Father's Name Frank Carroll

Mother's Name Laura Mattingly

Cause of Death: Primary — Lung Fever 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Sylvester Adams

Address Mechanicsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name In Full Mr. May Cusie

Certificate of Death

Died at on Town Patuxent River County St Mary's MARYLAND

Date 1899 Month 1 Day 13 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Geo. T. Cusie Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 1-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name In Full

Certificate of Death

Elizabeth Dorsey

Died at Town 3rd District County St. Marys MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	2	Age 72				

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St Marys Enterprise 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name in Full

Certificate of Death

Mrs. Elizabeth Dorsey

Died at Hollywood (Town) St Mary's (County) MARYLAND

Date 1899 Month 1, Day 3 | Age Y. 77 M. D. | Native of St Mary's Co, Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living Two D

Husband / Wife of Ignatius Dorsey

Father's Name — | Mother's Name —

Cause of Death: Primary — Old Age — 72 | How long sick Two weeks

Immediate — Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Thos Lynch

Address Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Charles Dunbar

Town — County

Died at — St. Mary's — MARYLAND

Date 1899	Month Day	Y. M. D.	Native of	Occupation
	1 - 3	Age 24		

Male / ~~Female~~ — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of
Wife

Father's Name: John H. Dunbar

Mother's Name: Kate E. Dunbar

Cause of Death — Primary: Meningitis 39a — How long sick:

Immediate — Accident, Suicide, Homicide:

Reported by: St. Mary's Enterprise

Address: 1-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Margaret A. Dyson

Died at Town - 8th District County St. Marys MARYLAND

Date 1899 Month 1 Day 17 | Age Y. 78 M. D. | Native of | Occupetion

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living 7

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Marys Beacon 1-26

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79895

Name in Full Wm. G. Gough

Certificate of Death

Town

County

Died at St. Mary's MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9 / —	11	Age 58				

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husbend / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by St. Mary's Enterprise

Address [redacted] 1-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Wm. G. Gough

Died at Town Howard's Race, County St. Mary's MARYLAND

Date 1899 Month Jan. Day 11 | Age Y. 58 M. D. | Native of St. Mary's | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Mr. Gough

Mother's Name Mary E. Simms

Cause of Death: Primary La Grippe — How long sick ten days

Immediate Pneumonia 9 — ~~Accident, Suicide, Homicide~~

Reported by Jack. R. Morgan

Address Mechanicsville St. Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Francis F. Graves

Town

County

Died at St. Marys MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 1	2	Age				

Male / ~~Female~~ | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name Jackson J. Graves

Mother's Name

Cause of Death — Primary: 161

How long sick

Immediate

Accident, Suicide, Homicide

Reported by St. Marys Centerprise 1-7

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Frances Ferdinand Graves

Died at Town: Loveville County: St. Mary's MARYLAND

Date 1899 Month: Jan Day: 2 Age Y.: 37 M.: 11 D.: 13 Native of: Md Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Alice Thompson

Father's Name Joseph Jackson Graves Mother's Name Lucretia Gudwin

Cause of Death: Primary Pneumonia 72 Immediate Suffocation

How long sick 6 days

~~Accident, Suicide, Homicide~~

Reported by L. B. Johnson

Address Morganza

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65953

Name in Full

Certificate of Death

Thomas Johnson

Died at Town: Leonardtown County: St. Mary's MARYLAND

Date 1899 Month: Jan. Day: 4 | Age Y.: 1 M.: 8 D.: | Native of: Md | Occupation:

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: John T. Johnson

Mother's Name: Margaret Johnson

Cause of Death: Primary: Laryngitis

How long sick: 3 days

Immediate: Suffocation

Accident, Suicide, Homicide

Reported by: L. B. Johnson

Address: Morganza

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Samuel Maule

Certificate of Death

Died at 8th Town Dist County St. Marys MARYLAND

Date 189 9 Month 1 Day 10 Age Y. 66 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name

Cause of Daath Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 1-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full: Andreas Rapp

Certificate of Death

Died at: Town: Leonardtown — County: St Marys Co. — MARYLAND

Date 1897 — Month: 1 — Day: 17 — Age: Y. 56 — M. — D. — Native of: Germany — Occupation: Priest

Male — White — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name — Mother's Name 9

Cause of Death — Primary: Previous attack of La Grippe — How long sick: Found dead

Immediate: Heart Failure — Accident, Suicide, Homicdie

Reported by: F. T. Greenwell MDL

Address: St Marys Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John N. Sewell

Died at Town Chaptico District County St. Marys MARYLAND.

Date 189 Month Jany Day 19 | Age Y. about M. 35 D. yrs | Native of St. Marys | Occupation don't know

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 3

~~Wife~~ Husband of Martha Shivers

Father's Name Charles Sewell | Mother's Name Millie Sewell

Cause of Death: Primary Unable to find out 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by by Wesley Adams

Address Mechanicsville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full Thos. B. Shorter

Certificate of Death

Died at Town County St. Mary's MARYLAND

Date 1899 Month 1 Day 7 | Age Y. 8 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband Wife of

Father's Name Wm. C. Shorter | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St Mary's Enterprise

Address 1-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Mary Loretto Stirle

Certificate of Death Stirle

Died at Town Halfpro County St Marys MARYLAND

Date 1899 Month 1 Day 10 Age Y. 1 M. 6 D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph Stirle Mother's Name Martha Stirle

Cause of Death Primary Croup Fever How long sick 9 days

Immediate Suffocation ~~Accident, Suicide, Homicide~~

Reported by J. O. King M.D. 86

Address Oakville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name In Full Mary G. Story

Certificate of Death

Died at Town Susquehannah County 8th Dist St Mary's MARYLAND

Date 1899 Month 1 Day 14 | Age Y. 45 M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

~~Husband~~ Wife of J. P. Story

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 1-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name in Full Mary Loretta Wible

Certificate of Death

Died at Town Oak Point, Patuxent Dist County St. Mary's MARYLAND

Date 1899 Month Day | Age Y. M. D. 1-7 | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph C. Wible

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 1-19

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full Lawrence Hible

Certificate of Death

Died at Town Hollywood County St Mary's Co MARYLAND

Date 1899 Month 1 Day 14 Age Y. 3 M. D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph Hible Mother's Name Martha Hible

Cause of Death Primary Diphtheriae How long sick 10 days

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by J. O. Kelly 8a

Address Oakville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — — — — Wood

Certificate of Death

Died at Town Leonardtown County St Marys MARYLAND

Date 1899 Month Day June 28 Age ~~Y.~~ M. ~~D.~~ 10 Native of St Marys Co Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name Wilson Wood

Mother's Name Mrs Wilson Wood

Cause of Death

Primary Cholera Infantum

Immediate 82

How long sick Five days

Accident, Suicide, Homicide

Reported by Thos Smith

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Mrs. Lucy Ford — Certificate of Death

Died at — Town: Lowndstown — County: St. Mary's — MARYLAND

Date 189 9 — Month 1 — Day 10 — Y. M. D. Aga 27 — Nativa of — Occupation

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

~~Husband~~ / Wife of Chas. Ford

Father's Name Otto Isenbach — Mother's Nama

Cause of Daath — Primary: La Grippe 9 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by St. Mary's Beacon

Address 1-19

Must ba signed by physician, if any in attendance, otherwise by coroner, undartaker or minister.

LIBRARY BUREAU, 79808